

Virginia Department of Housing and Community Development Emergency Home and Accessibility Repairs Program

(Revised November 27, 2013)

The **Emergency Home and Accessibility Repairs Program (EHARP)** assists homeowners in Virginia by funding local administrators to undertake bricks and mortar activities that improve housing conditions for low-income persons and/or low-income persons who are physically or mentally disabled. The following types of urgent repairs are eligible for EHARP funding:

Emergency Repairs

- Structural hazards (i.e., leaking roof, rotted or unsafe floors, ceilings, walls, stairs, etc.)
- Electric and other fire hazards
- Roof repair/replacement
- Repair/replacement of heating systems
- Repair/replacement of air conditioning systems
- Water sources, plumbing (includes main water line which may include branch lines and well pump repair or replacement) and sewer/septic repairs

Accessibility Repairs *

- Wheelchair ramps
- Hand railings, grab bars
- Kitchen and bathroom modifications
- Doorway widening

* Please note that all Accessibility Repairs must be made in compliance with current American Disability Act (ADA) Standards. For more information, please visit <http://www.ada.gov/>.

DEFINITIONS

The following words and phrases, as used in this manual shall be defined as shown, unless the context clearly indicates otherwise:

ACCESSIBILITY IMPROVEMENT - a modification to a property which makes it more accessible to persons with disabilities (e.g. ramps, wider doorways, grab bars, bathroom and kitchen adaptation, etc.).

DISABLED - any person receiving Social Security Disability, Railroad Retirement Disability, Supplemental Security Income as disabled, One Hundred Percent Veteran's Administration Benefits, or is determined to be disabled by a licensed practicing physician.

ELDERLY - any person sixty (60) years of age or older.

HOUSEHOLD - all persons related or unrelated living together as one economic unit.

HOUSEHOLD INCOME - total income, from all sources, before taxes, of all members of the household.

HOUSING UNIT - a detached single family house; a townhouse; a unit in a duplex, apartment, or condominium; a mobile home.

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CLIENT ELIGIBILITY

Total gross household income from *all* sources cannot exceed 80% of area median income (AMI), adjusted for family size, as currently determined by HUD. The most current area median income information may be found on the Virginia Housing Development Authority's website at

<http://www.vhda.com/BusinessPartners/PropertyOwnersManagers/Income-Rent-Limits/Pages/HUDMedianIncome.aspx>

Select the appropriate city or county from the drop down menu to search. From the table, use the 80% figure under the column for the number of persons in the household.

*Income documentation must be maintained in the client file.

*Maintain proof of the client's ownership of the property being repaired in the client file. This includes recorded warranty deed or deed of trust if applicable.

Note: Please do not show the client's full Social Security Number on collected documents. If the only proof of income contains a client's SSN, blacken out the number if the document is necessary.

MAXIMUM ASSISTANCE

Project costs paid through the EHARP may NOT exceed \$4,000. However, there is no maximum job cost if an agency chooses to leverage funds from other sources beyond the \$4,000 funding from EHARP.

NOTE: Case-by-case exceptions (only where there are extenuating circumstances) must have prior written approval from DHCD, but may NOT exceed \$7,500 per project per year. If a provider feels the applicant's situation does require special financial consideration, please contact DHCD prior to submitting the EHARP application.

FUNDS DISBURSEMENT

Initial contracts will be made to local service providers only to establish and assign coverage areas for the upcoming funding year. Subsequently, prior to beginning each job, the local service provider will submit an application for each of its jobs to DHCD for approval and funding. Once the application has been approved, providers will fund each repair upfront and will then be reimbursed by DHCD once the Certification of Completion and Request for Disbursement forms have been submitted. Local providers may pay for the repairs and seek reimbursement or request funds to pay the contractor invoice upon completion. If the local provider does not have sufficient funding to front the money, it may request the funds from DHCD to pay the invoice within the billing period (i.e. 30 days).

Matching funds will no longer be required for EHARP jobs.

PROGRAM ADMINISTRATION

Please note that funds for program administration are NOT provided by EHARP.

APPLICATION PROCESS

Local service providers are required to submit an application for every job for which they wish to receive funding.

The local provider must verify through a site visit the nature of the emergency/accessibility need and take 'before' photos of the emergency to be addressed. If a photo cannot be taken, the local provider must provide an explanation why a photo was unattainable. An example of this might be a well pump issue.

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A SEPARATE APPLICATION FOR ASSISTANCE IS REQUIRED FOR EACH EHARP REPAIR JOB. PLEASE EMAIL, MAIL, OR FAX A COMPLETED APPLICATION AND FORMS TO:

Michelle.Hill@dhcd.virginia.gov

Or

Michelle Hill
Department of Housing and Community Development
Division of Housing
600 East Main Street, Suite 300
Richmond, VA 23219
Telephone: (804) 371-7014
Fax: (804) 371-7091

PHOTOGRAPHS

A clearly discernible ‘before’ image of the emergency or accessibility repair must be kept on file with the agency. If a ‘before’ photo cannot be taken, the file must include a detailed description of the repair and a reason why a photo could not be obtained.

CLIENT-AGENCY FORMS

Please have the homeowner complete the attached EHARP forms: Authorization and Release Form and the Homeowner/Renter Agreement Form.

CERTIFICATION

When the project is completed, the local agency must send documentation of the cost of the work completed (i.e. contractor invoice) along with the Certification of Completion Form for reimbursement.

CONTACT INFORMATION

EHARP Mailing Address:

Department of Housing and Community
Development
Division of Housing
Main Street Centre
600 East Main Street, Suite 300
Richmond, Virginia 23219

EHARP Program Contact:

Michelle Hill
Telephone: 804-371-7014
FAX: 804-371-7091
E-mail: Michelle.Hill@dhcd.virginia.gov.

The EHARP application and forms are included in the pages that follow.

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APPLICATION

HOMEOWNER CONTACT INFORMATION

Owner: _____

Applicant (if different from above): _____

Address: _____

County (if applicable): _____

Mailing Address (if different from above): _____

Contact Person: _____

Contact Phone (Home or Cell): _____

Is anyone in the home physically or mentally disabled? ☐ Yes ☐ No *(If Yes, please maintain supporting documents in the client's file)*

HOUSING HISTORY

Does the applicant own this home? ☐ Yes ☐ No

What type of residence does the applicant own? ☐ Site Built ☐ Mobile Home ☐ Townhome
☐ Duplex ☐ Quadplex ☐ Condo ☐ Apartment

REPAIRS

What types of repairs are needed on the applicant's home? _____

How long (months or years) has the applicant been in need of these repairs? _____ ☐ yrs ☐ mo

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HOUSEHOLD INFORMATION

Beginning with the owner, please list every person, including children, living in the household and complete the corresponding information requested.

FIRST AND LAST NAME OF APPLICANT OR HOUSEHOLD MEMBER	ANNUAL INCOME	RELATIONSHIP TO HEAD OF HOUSEHOLD

TOTAL # OF HOUSEHOLD MEMBERS _____

PLEASE ENTER NUMBER OF EACH:

ELDERLY (60 OR OLDER): _____ PHYSICALLY DISABLED: _____ MENTALLY IMPAIRED: _____

CHILD (UNDER 6): _____ CHILD (UNDER 18): _____

APPLICANTS SHOULD SELF-SELECT THEIR RACE:

AFRICAN AMERICAN _____ AMERICAN INDIAN OR ALASKA NATIVE _____ ASIAN _____

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____ WHITE _____

OTHER _____

Note: Please do not show the client's full Social Security Number on collected documents. If the only proof of income contains a client's SSN, blacken out the number if the document is necessary.

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EMERGENCY HOME REPAIR PROGRAM
AUTHORIZATION AND RELEASE

The undersigned hereby certifies that he/she is the owner of the property located at

_____ and does hereby authorize the Virginia Department of Housing and Community Development (DHCD) and

_____, the EHRP Local Administrator, to make repairs and improvements as necessary to the said property. Funding for this program is provided by the Virginia Department of Housing and Community Development (DHCD).

The owner and/or tenant hereby release and agree to indemnify and hold harmless the DHCD and the Local Administrator, its staff and volunteer assistance, from any liability in conjunction with the performance of the repairs and improvements.

Owner and/or tenant agree to provide DHCD and the Local Administrator access to the property at reasonable times for the purpose of inspecting the work.

Owner and/or tenant certifies that he/she intends to occupy the property for at least one (1) year after the date the work is completed.

Owner and/or tenant agree that the quality of the installation of the materials cannot be guaranteed beyond a period of one (1) year.

Owner and/or tenant understand that he/she may request information as to the specific work to be done to the property prior to signing this authorization and release, and agrees to the work to be performed as determined by the Local Administrator.

Local Administrator Signature

Date

Homeowner/Landlord Signature

Date

Tenant Signature (if applicable)

Date

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EMERGENCY HOME AND ACCESSIBILITY REPAIR PROGRAM
HOMEOWNER/RENTER AGREEMENT

An Agreement is made by and between _____ (Local Administrator)

and _____ (Homeowner and/or Renter) in accordance with the
Emergency Home Repair Program Guidelines for the purpose of providing repairs and improvements as
necessary to the property located at

_____ as follows:

SCOPE OF WORK: _____

WORK TO BE PERFORMED BY: _____

WORK TO BEGIN: _____ ESTIMATED COMPLETION: _____

TOTAL COST – MATERIALS & LABOR: \$ _____

SPECIAL ARRANGEMENTS: _____

Complaints/ questions concerning the repairs should be directed to: _____

Local Administrator Signature

Date

Homeowner/Landlord Signature

Date

Tenant Signature

Date

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EMERGENCY HOME AND ACCESSIBILITY REPAIR PROGRAM
CERTIFICATION OF COMPLETION
(Attachment of photos of completed repairs is optional)

I certify that the Scope of Work described above has been completed in a satisfactory* manner at the property located at _____.

Local Administrator Signature

Date

Homeowner/Renter Signature

Date

**Note: If the homeowner has an issue with any of the repairs performed at his or her property, please contact Nancy Palmer at Nancy.Palmer@dhcd.virginia.gov.*

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EMERGENCY HOME AND ACCESSABILITY REPAIR PROGRAM
REQUEST FOR DISBURSEMENT

On behalf of the _____ (enter name of Local Administrator),
located in _____ (enter locality), I hereby request
Emergency Home Repair Program funds in the amount of \$_____ for the following client:

Client Name: _____

Job #: _____

Local Administrator Grant #: 14-EHARP-_____ **FIN:**_____

Grantee's Address: _____

Payment received via electronic transfer: _____ Yes* _____ No

*If "Yes" request may be mailed or faxed. If "No" Request must be mailed.

Type or Print Name and Title of Authorized Representative

Signature

Date

FOR DHCD USE ONLY

Cost Code

Project Code

TOTAL \$ _____

PAYMENT AUTHORIZED BY: _____ DATE: _____